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ABSTRACT

The Pendleton Project, an interdisciplinary program for 6- to 12-year-old behavioral problem children is described. It is explained that the project is concerned with early detection and reeducation of maladaptive behavior. Diagnosis and service delivery is said to be carried out by three teams: the Project Services Team primarily concerned with outpatient services, the Diagnostic Team which consults with staff members on matters of evaluation and treatment, and the Residential Treatment Team responsible for services in the residential unit. Described are theories about treatment planning, supervision, and student measurement. (CL)

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THE PENDLETON PROJECT: ITS OBJECTIVES & OPERATIONS

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The Pendleton Project serves the cities of Chesapeake and Virginia Beach in southeastern Virginia. It is an interdisciplinary program to deliver human services to children and their families who are regarded as having behavioral problems that may be a function of inappropriate learning, perceptual and learning disabilities or emotional adjustment difficulties.

It is a community based treatment center directed toward re-educating people such that future mal-adaptive behavior is unlikely to occur. The focus is to deliver the service in the natural environment as much as possible. Various agencies in the two city area are actively involved in project operations. They are the Department of Social Services, the Public Schools, the Department of Public Health, the Comprehensive Mental Health Program, and the Department of Probation. The approach is to deliver a service to children and their families who are in need of and amenable to treatment by a broad based multi-discipline team. Initial emphasis is placed on the children, six to twelve years old, whose maladaptive behavior may become more serious and <u>may</u> eventuate to delinquency unless timely remedial intervention occurs. Some examples of such behavior are incorrigibility at home and school, thievery, property destruction, waywardness, truancy, and drug abuse. (DJCP Grant #71-A1054E, March, 1973).

A major objective of the project is to discover early behaviors that in themselves cannot be termed delinquent, but if left unchecked

EC 093152

may result in delinquent outcomes. With this in mind, it is important that we avoid referring to the subject population as delinquent or pre-delinquent. The vast majority of our subjects have not committed any crimes. They merely misbehave. In view of these things, the project objectives may be stated as: (1) Discover the on-going behaviors that may lead to anti-social behavior later on which may result in a mal-adaptive life style, (2) Develop a comprehensive treatment program to correct anti-social development as early as possible, (3) To be agents to develop new resources and coordinate existing resources to this end, (4) To measure the effectiveness of the work.

Operationally stated these objectives become (1) to amass a team of people who can carry out the task of developing and delivering human services previously not available, (2) to train these people to function as a cohesive group that is in agreement with the project treatment plan, (3) to develop a system of measurement to monitor project activities and outcomes so that accountability can be established.

The Treatment Agents

Three teams are formed to diagnose and deliver services to the subjects.

The Project Services Team is composed of two social workers, two educational specialists, two probation officers, one public health nurse and one psychiatric social worker. This team is primarily concerned with designing and delivering human services taylor-made to each out-patient case. They intend to process at least 200 cases annually.

The Diagnostic Team consists of one psychiatrist, one clinical psychologist, one educational specialist and one physician. The objective of this team is to provide interdisciplinary diagnostic treatment input to case staffings. They also serve to supervise the activities of the treatment agents and administer professional counsel and evaluation to the therapeutic efforts of the project.

The Residential Treatment Team consists of six interdisciplinary teacher/counselors and a recreational director who are responsible for delivering the general education, remedial, and activity therapy operations within the residential component. Child care workers are also available to supervise the children at night. The residential unit is designed to serve 20 children in order to provide timely intervention to children with behavioral problems who are inhibited from effective treatment if they remain in their family or school environment. The length of stay for the children will vary according to each specific treatment objective. It is envisioned that the average length of stay may be three months but this will be determined experimentally. The residential component will help to eliminate the inappropriate detention of children with behavioral problems. It will also make available a placement capability for children in trouble whose needs fall between the services rendered by probation or confinement.

The activities of the three teams are highly integrated to make determinations concerning the nature of the problem, the requisite remedial prescription and the effective method of delivery of the service. Whether this delivery is carried out by the Project Services Team for the out-client child, by the Residential Team for

the in-client child, or by other existing human service systems in the community is an integral responsibility of the project.

The Project Services Team monitors the status of each client and regularly updates both prescription and delivery in order to insure expeditious and permanent remediation of problem behaviors. The objective of the project is to return the child to full community, educational and social activities as soon as possible.

The Treatment Plan

People tend to define problems in terms of what they know best. Consequently, solutions to such problems are seen in terms of what they do best. Law enforcement agencies may tend to arrest people who misbehave; social workers may give them counsel; psychoanalysts may see the resolution of conflicts to come about by some sort of insight, whereas remedial educators may be inclined to see all human problems as a function of learning disabilities, and so on. Such monolithic views of the human condition tend to place false restrictions on the statement of the problem. An objective of the Pendleton Project is to state problems and prescribe action such that the broadest range of alternatives remain open to us. From this broad range of possibilities the appropriate set of actions may be chosen in order to maximize delivery efficiency. In order to accomplish this we must not only respect the varied views but we must allow them to co-exist in thought and action. It is our task to bring to bear the appropriate orientations on specific project objectives. Stated otherwise we like to believe that what we do best is to design, organize and deliver resources where they are wanted and needed, and to measure the effectiveness of that effort. This involves an

interdisciplinary orientation that centers on problem solving. Thorndike has pointed out that a problem exists when the goal that is sought is not directly attainable by the performance of a simple act available in the repertoire of the individual or system that is confronted with the problem; the solution calls for either a novel action or a new integration of available actions. A problem well stated is a problem solved. The problem has a structure of its own that points the way to its solution (Scheerer, 1963). Pendleton project staff training is directed at causing creative problem solving to become a second nature to all the workers.

Once an accurate problem statement is made, then the desired outcomes or goals are indicated. Tentative objectives can be specified. The next step is to make an assessment of the current situation with respect to the desired objective. Then one can determine the steps necessary to reach the objective from the starting point. Programming ones activities thus allows evaluation to take place at any time. It becomes clear if what is being done is in fact approaching the objective or not. If not, the program and/or the objective is altered accordingly. The whole process is very analogous to planning a trip. In order to plan a trip one must do three things: (1) pinpoint the destination, (2) determine the present whereabouts or point of departure of the traveler, and (3) specify a sequence of events which will transport the traveler from his point of departure to his destination (Pooley, 1969). At any point along the way the traveler may assess where he is with respect to his objective and correct his path when it is in error. This process of stating the objective next considering the current

factors that are relevant to obtaining the objective then prescribing the logical steps between the two are the mainstay of Pendleton operations in administration and treatment. This is the basic treatment plan and it can be applied to all forms of human endeavor be it counseling or educating a child, a family, or administering a service agency.

Supervision of Treatment

It is obvious that a project made up of multi-diciplinary workers may present some problem concerning the supervision of the delivery team. The team consists of individuals who have various degrees of training and experience.

In order to establish a workable supervision plan, the concept of Differential Supervision (Watson, 1973) was adopted. This approach provides a variety of supervisory options to meet the needs of the staff members. The models of supervision include the Tutorial Model, Case Consultation, the Supervisor Group, Peer-Group Supervision, Tandom Supervision and the Team. This approach builds in mutual professional growth for all staff members. In one setting a person may be supervised whereas in another he may be the supervisor. Moreover the non-professional staff, cooks, clerks, child care workers, etc., are incorporated into the treatment program and are advised of the treatment objectives and plan for each child being served in the residence. Their behavior with respect to each child is systematically observed by all other treatment staff and they are advised of ways to behave that are consistant with individual treatment objectives. The appropriate supervision model is determined during case staffing in which the specific treatment plan is defined.

The Theory of Measurement

When a child interacts with the environment (home, school, etc.) some of this interaction theoretically changes the child's potential to respond. For example, one may place the child in a learning situation and expect something to be acquired. Three variables are considered in such an assessment. They are (1) the stimulus situation, (2) the child, and (3) the response of the child (behavior). When we observe behavior we consider the stimulus situation that occasions the behavior. We also consider the outcomes of the behavior in order to determine what consequences may be maintaining factors. By altering the stimulus situations and/or the consequences of a behavior we discover that certain functional relationships exist. Manipulation of these variables may alter the behavior and learning occurs. By observing the behavior we may infer that such learning will change the child's potential to respond under similar conditions in the future. This inference allows us to state a "tentative truth" concerning the child and a course of action can be prescribed. This approach to measurement is presented in detail elsewhere (Kelly & Pooley, 1973, Kelly & Cody, 1969).

Training seminars have been conducted in order to clearly establish the project objectives and the research design. As a result of this effort, a battery of research instruments have been developed. This package includes several standardized scales such as The Piers-Harris Childrens Self Concept Scale, The California Personality Inventory So. Scale, (Gough, 1948, Gough, 1965) and the Children Self Concept Index (Helms & Hollhouse, 1968). Two psychomotor performance measures were selected to tap the construct of "impulsivity"

or impulse control. These are the Dotting Discrimination Reaction Time and Writing X's (Fleishman, 1954). Two instruments were developed to meet specific requirements of this project including a Demographic Data Form, Agency Involvement Record, and a Behavioral Check List that was synthesized from the Devereux Elementary School Behavior Rating Scale, Burkes Behavior Rating Scales, and a variety of behaviors submitted by project workers. In addition to these instruments, a Developmental History Form has been constructed and designed to tap the developmental factors that are of interest to us. Such data will be used to specify appropriate treatment strategies based on the subjects antecedent behaviors that may be indicative of the current misbehaviors. These data will be collected on project subjects and subjected to statistical analyses. In order to perform such analyses, a sampling procedure was designed to collect normative data on the local population. This involves a random sample (N=56) stratified by age consisting of children who are considered to be well adjusted and potentially successful people. The instrument package mentioned above will be administered to the normative sample for comparative studies. The first step in the statistical analysis will be a factor analysis. Eysenck (1953) points out that factor analysis has three basic aims: description, suggesting hypotheses, and testing hypotheses.

The factor-analytic approach that is most common is the R technique which obtains correlations between attributes (by summing crossproducts of standard scores over people). When all possible pairs of such correlations is factor analyzed, the result is clusters or groups of variables (factors) on which persons perform alike under

certain conditions. In contrast the Q technique which will be used here starts with correlations between persons (summed over tests) and end up with clusters or groups of persons who performed alike on the test instruments (Helmsteater, 1970). After the Q groups are obtained a heirarchial grouping (H groups) will cluster the Q groups on similar profiles in order to minimize discrepancy scores.

It is hypothesized that such clusters of persons will provide a solid foundation for generating and testing more specific hypotheses relevant to the project objectives.

Summary

The Pendleton Project is designed to treat children and their families who are regarded as having behavioral problems that may be a function of inappropriate learning, perceptual or learning disabilities or emotional adjustment difficulties. It is a community based treatment center directed toward re-educating people such that future mal-adaptive behavior is unlikely to occur. The objectives may be stated as (1) Discover the on-going behaviors that may lead to anti-social behavior later on which may result in a mal-adaptive life style, (2) Develop a comprehensive treatment program to correct anti-social development as early as possible, (3) To be agents to develop new resources and coordinates existing resources to this end, (4) To measure the effectiveness of the work.

The project intends to deliver services to about 50 clients per year in a residential setting and 200 clients in an out-patient setting. The focus is to deliver the service in the natural environment as much as possible.

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